

UTAH DEPARTMENT OF HEALTH, PRIOR AUTHORIZATION REQUEST FORM

**Non-Preferred Combination Product and/or  
Dosing Kit Authorization Request**

Patient name: \_\_\_\_\_ Medicaid ID #: \_\_\_\_\_

Prescriber Name: \_\_\_\_\_ Prescriber NPI#: \_\_\_\_\_ Contact person: \_\_\_\_\_

Prescriber Phone#: \_\_\_\_\_ Extension/Option: \_\_\_\_\_ Fax#: \_\_\_\_\_

Pharmacy: \_\_\_\_\_ Pharmacy Phone#: \_\_\_\_\_ Pharmacy Fax #: \_\_\_\_\_

Requested Medication: \_\_\_\_\_ Strength: \_\_\_\_\_ Frequency/Day: \_\_\_\_\_

**All information to be legible, complete and correct or form will be returned**

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**FAX PROGRESS NOTES AND/OR  
LETTER OF MEDICAL NECESSITY TO 855-828-4992**

Submission of a request does not guarantee prior approval.

Utah Medicaid's Preferred Drug List is available at <http://www.health.utah.gov/medicaid/pharmacy>

**Combination Products:**

Utah Medicaid generally requires the use of multiple single-entity products instead of one combination product. Unless a combination product is listed as Preferred on Utah Medicaid's Preferred Drug List, this form must be used to request a combination product. Please provide objective clinical evidence against using the individual agents.

**Kits:**

Utah Medicaid does not generally reimburse for dosing kits (e.g. therapy initiation dose titration kits). Unless a product is only available in a kit, this form must be used to request a kit. Please provide object clinical evidence regarding the necessity of a kit.

**NOTE:**

- Do not use this form for Biologics for Rheumatoid Arthritis. Download the appropriate clinical PA form from the Medicaid website.

**AUTHORIZATION:** 1 year

**RE-AUTHORIZATION:** Updated letter of medical necessity

11/07/2013

<http://health.utah.gov/medicaid/pharmacy>